



## **605.08 Suicide Prevention**

Number Series: 600 - Corrections Division

Sheriff's Approval: Digital

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### **605.08-1 Policy**

- I. Jail staff will be provided special training by qualified instructors to enhance staff abilities to identify suicide potential of inmates.
- II. Suicide prevention and intervention programs shall be reviewed and approved by a qualified medical or mental health professional.
- III. Jail staff shall immediately notify mental health care staff of inmates displaying suicidal warning signs.
- IV. Inmates placed on suicide watch shall be under continuous observation by Jail staff.

### **605.08-2 Recognizing Suicide Potential**

- I. Confinement and the circumstances that lead to confinement can cause feelings of desperation, prompting some detainees to seriously consider suicide. Suicidal traits, identification, training, assessment, monitoring, housing, referral, communication, intervention, notification, reporting and review are tools in suicide prevention techniques. In any such situation notify health care services staff.
- II. Signs of serious depression:
  - A. Physical warning signs:
    1. Sleeping difficulties - insomnia, irregular hours, early morning awakening
    2. Depressed physical appearance
    3. Walks slowly
    4. Easily fatigued
    5. Weight loss or loss of appetite
    6. Slumps when walking or sitting; sits in the corner in the fetal position
    7. General loss of energy
  - B. Behavioral warning signs:
    1. Cries frequently and/or for no apparent reason
    2. Retarded thinking, speaks slowly
    3. Apathy and despondency
    4. Sudden social withdrawal, little communication with other inmates or staff
    5. Feelings of helplessness and hopelessness
    6. General anxiety with physical and mental symptoms
    7. Talks of self-pity, life is not worth living, people would be happier if I were dead
    8. Talks of suicide, composes or leaves suicide notes

- 9. Talks of getting out of Jail unrealistically
  - 10. Gives away personal possessions
  - 11. Exhibits sudden changes in behavior such as making unprovoked attacks
- III. Other inmates to be observed closely for possible suicidal tendencies:
  - A. Young, impulsive, charged with a violent crime
  - B. Chronically or terminally ill
  - C. Recuperating from major surgery
  - D. Homosexuals
  - E. Ex-law enforcement officers or professionals
  - F. First offenders
  - G. Committed for crime of passion
  - H. Narcotic addict or alcoholic
  - I. Older inmates
  - J. New mothers
  - K. Sexual offenders
- IV. If a staff member has reason to believe that an inmate is contemplating suicide the staff member should:
  - A. Immediately implement crisis intervention techniques.
  - B. Notify health care staff.
  - C. Notify immediate supervisor.
  - D. Document all information on an Incident Report.
- V. Crisis intervention techniques:
  - A. Talk, listen, discuss, keep lines of communication open, and be supportive.
  - B. Ask pertinent questions; be direct.
  - C. Do not judge the inmate.
  - D. Do not leave the inmate alone; do not isolate.
  - E. Do not give advice.
  - F. Do not dare the inmate.
  - G. Notify health care staff.

#### **605.08-3 Intake Medical Screen**

- I. Intake processing by staff:
  - A. Inmates suspected of being in a "depressed" state will be evaluated by a health care staff member.
  - B. When possible, the inmate will be seen by a mental health counselor.
  - C. All findings will be documented.
- II. Inmates determined to be increasingly depressed and/or suicidal will be placed under suicide precautions.

#### **605.08-4 Housing Suicidal Inmates**

When determination has been made that an inmate is suicidal the following steps shall be implemented:

- I. Any inmate who is identified as a suicide risk shall not be housed in a "single cell" unless the inmate is observed by direct visual observation 24 hours a day.

- A. Direct visual observation may be accomplished by means of electronic surveillance.
- B. Supporting written documentation shall be made of observations, with notations at increments not to exceed 15 minutes.
- C. The Inmate Observation Log shall be used to document the 15-minute observations.
- II. Inmates placed on suicide watch shall be denied the following items unless otherwise determined by contract health care staff, or until further evaluation can be completed, in an effort to ensure the safety of the individual:
  - A. Jail issue uniform, underwear, shorts, shoes
  - B. Eye glasses
  - C. Plastic bags
  - D. Razors
  - E. Combs, brushes
  - F. Toothbrush or toothpaste
  - G. Pens or pencils
  - H. Rolls of toilet paper
  - I. Books
  - J. Commissary
  - K. Sheets
  - L. Personal effects
  - M. Towels
  - N. Mattress (may be denied if Inmate is abusive or destructive)
  - O. Shower slides
- III. The following are acceptable items for inmates placed on suicide watch:
  - A. Quilted suicide vest (document removal of all clothing)
  - B. Sheets of toilet paper
  - C. Styrofoam food container, no spoon
  - D. Bible
  - E. Phone calls under direct observation
  - F. Visitors under direct supervision with prior approval from Jail Administration.
- IV. Suicidal inmates shall be monitored by the Deputy on duty. Health care staff shall be notified of any incidents.
- V. All inmates on suicide watch will be re-evaluated within 72 hours.
- VI. The health authority must certify in writing that the inmate is medically cleared prior to removing the inmate from direct, continuous observation.

#### **605.08-5      Response to Suicide (Hanging) Situation**

- I. The Deputy discovering a hanging attempt shall:
  - A. Notify the affected Housing area "Code Green - Status Hotel" (Hanging).
  - B. Cut-down or loosen the pressure on victim's neck (preserve knot).
  - C. Protect the victim's head and neck as much as possible.
- II. The Control Deputy shall immediately announce a "Code Green - Status Hotel - Housing \_\_\_\_\_" (identify location) via the "Radio." This announcement shall be made three times in succession; or assistance shall be sought by whatever other means available (phone, runner).
  - A. The Control Deputy will then notify Dispatch to contact EMS to respond to the jail.
- III. The Shift Supervisor shall be responsible for any necessary follow-up notifications.

- IV. Basic first-aid shall be rendered to include:
  - A. Monitor and maintain open airway.
    - 1. Look, listen and feel for breathing.
    - 2. Maintain airway; use the modified jaw-thrust technique; Do not tilt the head back.
      - a. Place fingers behind the angles of the lower jaw.
      - b. Forcefully bring the jaw forward.
      - c. Use thumbs to pull lower lip down to allow breathing through the mouth as well as through the nose.
  - B. If no pulse, render CPR.
  - C. Assume the inmate has a spinal cord injury and treat as such
    - 1. Place victim flat on the floor with head stable.
    - 2. Do not allow victim to eat or drink.
- V. The scene shall be isolated and the knot preserved for processing by designated investigators.
- VI. Incidents of attempted or successful suicides shall be documented on an Incident Report and forwarded to the Jail Administrator via the chain of command.
- VII. A review board shall be convened by the Jail Administrator to review and study all suicides and attempted suicides.

## REFERENCES

State/Federal Regulations:  
Florida Model Jail Standards

FCAC:  
N/A

PREA:  
N/A

Forms:  
Incident Report  
Inmate Observation Log

Other Policy/ Procedure References:  
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